2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Secretary of State **DOCUMENT # P03000033677** 01-14-2004 90008 030 ***150.00 1. Entity Name DAVID D. HOLLAND, P.A. Principal Place of Business Mailing Address 44001721 444 SEABREEZE BLVD., #230 444 SEABREEZE BLVD., #230 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 14-1877629 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered HOLLAND, DAVID D Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD., #230 DAYTONA BEACH, FL 32118 Zip Code FL the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept The above named entity submits this statemen ed age ne obligations o (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П. Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Delete TITLE ☐ Change TITLE DAVID D. HOLLAND NAME NAME 444 SEABREEZE BLVD., SUITE 230 STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or changed, or on an

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